

DOE/AHS Interagency Agreement: Strengths, Challenges and Frequently Asked Questions (FAQs)

The DOE/AHS Interagency Agreement kick-off event held on May 1st inspired rich dialogue about how best to address the coordination needs of children and adolescents with disabilities and their families. Below is a summary of the strengths and challenges that were identified on May 1st. Following is a list of questions raised along with responses provided by the Interagency Agreement Support Committee.

Strengths

- The Agreement lays groundwork for interagency collaboration.
- Users Guide clarifies that lead coordinator is responsible for facilitating, not necessarily funding.
- The Users Guide recognizes parents as case managers.
- Expansion of Teams means more people to share tasks/workload.
- There is a more inclusive, functional structure in place for expansion.
- There are resources to support expansion of the team.
- Involvement of Field Director in early childhood through transition-age issues is helpful.
- Interagency Agreement Support Coordinator is an added resource.
- CRC works well.
- The history of the process is clear and concise.
- There is a defined process for families and service providers to follow.
- Anyone can call for the process to occur (with parent/guardian permission).
- The team approach allows families to move through a tiered process for resolving disagreements.
- This process allows for solutions to be identified prior to referral to LIT.
- With expanded population, there is flexibility in who could assume lead agency based on the relationship with the child/family.
- The agreement provides flexibility.
- People doing this work have a long history of collaboration.
- There is a formalized state problem-solving team.
- LIT provides a great process for problem solving.
- There is a renewed effort to focus on data.

Challenges

- There is no representation of child with special health needs on the CRC. This would need to be represented from the perspective of high-tech needs.
- Not enough resources to administer; not enough resources to collect data
- Presenting the different system of care plans to all stakeholders
- There is confusion about the difference between a case manager and a lead agency and how to identify those people
- Time spent at local level does not necessarily yield decision making; LIT leaders don't have local resources to bring to the local planning process.
- The system is still deficiency-based.
- Training for all staff is needed!

- New process may challenge existing assumptions as to who will pay for what.
- Special Education coordinators need to become familiar with other agencies' eligibility and resources.
- Data about students with developmental disabilities is skewed because students stay in school to retain services.
- Clarification of financial responsibilities is a challenge.
- State and federal law for transition age is defined differently.
- There are confidentiality issues in collecting and sharing data.
- There are children who will still fall through the cracks unless local systems choose to prioritize service coordination.
- It will be challenging to integrate new team members.
- Success requires team functioning well. We must break down silos and limited and limiting funds.
- Increasing turnover of mental health staff due to low wage is challenging.
- Silos and policies at the state level are barriers to true collaboration at the local level and often impact the length of time it takes to make decisions.
- Transportation remains a problem and potential barrier to services.
- Coordination of meetings across multiple agencies will slow the process of coordination.
- LIT information and knowledge doesn't drive the development of the annual system of care plan as much as it could.
- There is variability of implementation from region to region.
- Parent involvement can be a challenge.
- Interagency agreement guarantees coordination of services, not services; there is no funding mandate for coordinated plans.
- There needs to be good communication before meetings so there is correct information about referrals and that the "right people are at the table".
- The interagency agreement highlights ages 3-6 and transition to adulthood as in need of greater attention within the system of care.
- Special education is often looked to first for funding.

Frequently Asked Questions (FAQs)

1. What is meant by the term “System of Care”?

The term “System of Care” has been used to represent the (state or local) infrastructure that provides services and supports which are grounded in common guiding principles. Specific service systems use this term to reflect the services and supports within a particular area (i.e., developmental services, children’s mental health, etc.). Under Act 264, the System of Care represents the structure for and the array of services for children with emotional and behavioral challenges. With the expanded target population identified in the DOE/AHS Interagency Agreement, the System of Care needs to refer to the infrastructure and services supporting children with all eligible disabilities and their families. Ultimately, this System of Care should reflect a unified mission and set of priorities.

2. Is there legal responsibility to ensure that all eligible children have a coordinated services plan?

Under Act 264 there is legal responsibility to ensure that children and youth with an emotional disturbance have available to them, with parent permission, the opportunity for a coordinated services plan. The DOE/AHS Interagency Agreement requires individualized coordination for special education eligible children and youth who are also eligible for service coordination or specific services through AHS and whose parents give permission for such coordination to take place. While there is a right to coordination of services, every eligible child or youth may not need to have a written and formalized coordinated services plan. Those who have the need are entitled to this coordination of services.

3. How do we inform parents so they understand their rights, the process and the local protocols?

Here are several suggested ways to inform parents about their rights, the process and the local protocols

- Create a one-page flyer that can be handed to parents. The Interagency Implementation Support Team (through Sherry Schoenberg – sherscho@sover.net) can provide you with a template to develop your own flyer.
- Invite parents to regional trainings on the topic.
- Seek suggestions from your LIT parent representative about how to get the word out to parents.
- Refer parents to the parent support and advocacy organizations for more information.

4. Are parents case managers?

Parents are most often involved in tasks that an agency case manager will do to obtain services, advocate for services and attempt to align the service providers toward the child/family goals. Parents are the experts when it comes to understanding and articulating their child’s needs within the family. If, however, parents become engaged in the coordinated services plan process, an agency case manager plays the lead role in activating the coordinated services plan process.

5. Is one parent on a team enough?

It has been commonly recognized that a parent representing a parent support and advocacy agency, can be an invaluable asset in helping to assure that the child's parent's voice is heard and that the parent has choice and shared ownership over plans that are developed for the child. While one parent is required to participate on Local Interagency Teams and the State Interagency Team, it is considered best practice to invite additional parents to the table to strengthen the parent voice.

6. What if a parent does not give permission for a coordinated services plan to take place?

Parent/guardian permission is required for a coordinated services plan to be developed. There are several practice strategies to consider when this issue arises. Feel free to contact the Interagency Implementation Support Committee (through Sherry Schoenberg – sherscho@sover.net) to brainstorm some ideas.

7. Please clarify the appeals process and how parents fit in.

Act 264 and the DOE/AHS Interagency Agreement specify that parents of eligible children have the right to **coordination** of services. This includes the right to a coordinated services plan. If parents are not in agreement with the coordinated services plan, they have the right to a review by the Local Interagency Team. If the parent is still unsatisfied, they have the right to a review by the State Interagency Team. If still unsatisfied with the recommendations made by the State Interagency Team, parents may appeal to the commissioner of DOE and the Secretary of AHS as indicated in the DOE/AHS Interagency Agreement.

8. Can parent representatives on LITS get reimbursed for their time?

Act 264 legislated that parent representatives of LITS are to be reimbursed for their time. The amount of reimbursement, allowable costs, and filing process all follow statutory requirements for reimbursement across all state departments. Allowable costs include time for meeting and mileage at the current state rate; under certain conditions, meal coverage at state rates is possible. There is a form for the parent representative complete; it is signed by the LIT Coordinator and forwarded to Alice Maynard at DMH. The form is processed by the VDH business office and the check is mailed. There are two types of meetings and reimbursement rates: Type A - Regular monthly meeting: flat rate of \$50.

Type B - Unusual meeting that the team asks the parent rep to attend: pro rated so that \$50 = 8 hours (includes travel time).

9. If students have documented disabilities, do they have to be special education eligible in order to be entitled to coordination through Act 264 or the DOE/AHS Agreement?

Under Act 264, students who meet the statewide definition of severe emotional disturbance are entitled to coordination. These students may or may not be eligible for special education. Under the DOE/AHS Interagency Agreement, students with documented disabilities who are eligible for special education, and who are also receiving services including service coordination from an AHS agency are also eligible for coordination of services.

10. What about the whole out-of-school/drop-out or aged-out population?

At a minimum, youth who meet the eligibility requirements are eligible for coordination. This obviously becomes challenging if the youth is emancipated and does not give permission for coordination of services. If the youth is still within parental control and parents are agreeable, the youth would be eligible for coordination until graduation from high school with a diploma or until the 22nd birthday. Parent rights under IDEIA transfer to a special youth receiving special education at age 18; this legal requirement must be considered in developing a coordinated services plan.

11. How do we ensure that the details of the interagency process don't get lost with turnover of education personnel?

LITS need to ensure that there is regular training available for new personnel from education, AHS and community agency personnel. Fortunately, there is now increased capacity through AHS, DOE and UVM to develop, update, provide and evaluate the training on a regular basis. For assistance in planning and scheduling a training for your region contact Sherry Schoenberg at sherscho@sover.net or at 656-9656. There will also be a quarterly newsletter "Interagency Matters" that will be sent to an email list that will be updated regularly. The Act 264 and DOE/AHS Interagency Agreement Users Guide will also be updated and available on the DOE Web site – http://www.state.vt.us/educ/new/html/pgm_interagency.html#agreement.

12. What does "AHS Services and Service Coordination" mean?

Service coordination involves a case manager who assists the child and family to obtain available community services, resources, and entitlement programs. Case managers act as brokers of services and advocate for access to programs and services with direction of the family. AHS provides some services that do not include a service coordination component. An example is flexible family funds provided for families of children with developmental disabilities. These individuals may receive this support service but may not be eligible for service coordination.

13. Will Act 264 law be changed to reflect current practice and expansion?

Once the current practice is fully implemented and early results of the evaluation are obtained, it will be determined whether or not to take steps toward changing the Act 264 legislation to reflect these new practices.

14. Will there be common releases of information? What about privacy/confidentiality issues?

There is a "forms" committee that will be meeting over the summer to draft the necessary paperwork to implement the DOE/AHS Interagency Agreement. The issue of confidentiality and release of information will be addressed in this forum.

15. Will the Users Guide be available in user-friendly language on-line? Can we submit suggestions for changes in the language of the Users Guide?

Changes have already been recommended and a second edition is in development. The current edition of the Users Guide can be found on the Department of Education Web site – http://www.state.vt.us/educ/new/html/pgm_interagency.html#agreement.

16. How will the evaluation happen and what mechanisms will be used to address the entire System of Care? Do we have the data we need to inform our process? Do we have the capacity to share data?

An evaluation planning committee will be meeting over the summer to review what we have and what we need to gather that will help us assess the process and content of this work. Anticipated roll-out is mid-fall. Anyone is welcome to join this planning committee. If interested, contact Jesse Suter at jsuter@uvm.edu. If you are receiving this document via email, you will also receive ongoing updates about the evaluation as well as other matters connected with the DOE/AHS agreement.

17. Please clarify the meaning of “lead agency”.

Lead agency refers to the agency that has a designated staff member who ensures that a coordinated services plan is developed. This person assures that the plan is regularly reviewed and serves as the agreed upon contact person if the “coordinated services plan” needs to be adjusted. It is important for interagency partners to know that the agency with the lead role is not necessarily the agency that is responsible for the delivery or funding of services outlined in the coordinated services plan.

18. When does SIT meet?

The State Interagency Team meets one time per month. Contact Melissa Bailey at m Bailey@vdh.state.vt.us.

19. Who fills the role of the LIT Coordinator? Is there a template for the state or can this vary from location to location?

Under Act 264, the role of the LIT Coordinator has been assumed by the Children’s Mental Health Director. With the expansion the expansion of the target population and, therefore, of LIT, regions may consider redirecting some of the responsibilities of the LIT Coordinator to other LIT members as appropriate. This role can be developed based on the best interests of LITS. There is no template. Once communities determine who the lead person in the region will be, please contact Melissa Bailey, State Interagency Team Coordinator at m Bailey@vdh.state.vt.us with the contact information for that person.

20. What is the role of the CRC when no funding has been identified to meet a need?

The CRC reviews referrals to determine the appropriateness of a residential placement or high-end wraparound plan. If the CRC agrees that the needs of a child warrant this type of placement and dollars have not been identified to fund the placement, the CRC will refer to the SIT for review of funding possibilities.

21. Should the funding “discussion” be separated from the “best practice” of the coordinated services plan?

It is best practice to identify the individualized needs of a child and family and attempt to meet them with natural family and community supports, existing services and/or newly designed services. Discussion about funding should be secondary to discussion about meeting individualized child and family needs.

22. Are families that are on a waiting list for AHS service coordination eligible?

Yes, with parent permission.

23. Who will be responsible for the required paperwork?

The case manager within the designated lead agency assures that the coordinated services plan is complete although interagency planning teams may share responsibility for completing the needed paperwork. Under Act 264, the LIT coordinator has typically been responsible for assuring that paperwork is complete for LIT referrals and for child and family referrals to SIT. With new personnel joining the LIT under the DOE/AHS Interagency Agreement, it is recommended that each LIT determine how the needed paperwork be completed recognizing the expanded population of children and youth now being covered.

24. What guidance is available for Core Transition Teams that cross the lines of AHS district lines?

Historically, Core Teams have formed along the lines that work best for the young adult and other local people involved. With that said, it is understandably difficult for some potential interagency partners to decide how to convene members when supervisory unions cross more than one AHS district (or vice versa). When assistance is needed to address these boundary issues, contact Renee Kievit-Kylar at renee.kievit-kylar@dail.state.vt.us.

25. How do you define the relationships between LITS and Core Transition Teams?

Core Transition Teams provide a forum for schools and inter-agency partners to discuss transition related issues and specifically, to identify available resources and supports for individual students. Recognizing that communities will have their own localized approach, it is important that all high school special education staff, AHS staff and community partners have access to the support of a Core Transition Team. When obstacles for providing services cannot be overcome, specific issues should be referred to the expanded LIT for dispute resolution. The Team will, with the assistance of the AHS Field Director, appropriate Special Education Administrator and others, attempt to resolve the issue.

26. If a child is not eligible for special education services, who evaluates the child?

A parent or guardian may seek the advice of a pediatrician regarding the possibility of obtaining an evaluation. Depending on the concern, parents may request an intake at a community mental health center or developmental disability agency in order to obtain evaluation services.

27. What is the distinction between Special Education eligibility and 504 eligibility?

A multidisciplinary team evaluation is required under both Section 504 and IDEIA to determine the protections and services with a Section 504 Plan or IEP (Individualized Education Plan). A child is eligible for accommodations and/or services under Section 504 of the Rehabilitation Act if he/she has a disability that has a substantial impact on a major life activity (such as walking, talking, learning, breathing, performing manual tasks, etc.) within the educational environment.

Special education eligibility requires:

- Identification of a disability under IDEIA; there are fourteen such disability categories.
- Determination that there is an adverse effect on educational performance in one or more of the basic skills areas.
- Establishment of the need for special education or specialized instruction that cannot be met through the available supports and services offered through the educational support system in the school.

28. Please clarify the role of the AHS Field Director and the DOE representative as overseers of LIT.

The AHS Field Director and the DOE representative are collaborators and leaders in nurturing the local system of care by providing shared leadership in evaluating their local system of care, ensuring the provision of training across school and agency personnel, and building on the strengths of the LIT to improve care for children and youth in their communities. In addition, AHS Field Director and DOE representatives provide feedback to the SIT on areas of progress, need or concern.

29. How are the LIT DOE representatives selected? Who are they?

They are Special Education Administrators who have volunteered to provide leadership on the LIT as the DOE representative with the agreement of the LIT. It is a local decision as to whether one or more of the administrators carry out that responsibility.

30. Can you provide more information about the graduate needs survey?

The “annual survey” referenced on page 3 of the DOE/AHS Interagency Agreement is the Division of Disability and Aging Services (DDAS) Graduate Needs Survey. This survey now takes place three times per year in October, January and May for the purpose of identifying all Vermont high school juniors and seniors with developmental disabilities and anticipating their future support needs. The survey tool is administered and maintained by DDAS, but is facilitated by intake coordinators at Vermont’s designated agencies. The school districts supply the bulk of the information with participation/assistance from the Division of Vocational Rehabilitation counselors.

31. How do we identify representatives of the substance abuse community?

Contact Mike MacAdoo at the Vermont Department of Health, Division of Alcohol and Drug Abuse at mmacadoo@vdh.state.vt.us.

32. What is AHS required to provide for services consistent with federal law 34 CFR S300.142?

The statute is from the IDEIA legislation that establishes mechanisms for coordination between state public agencies and the state education agency in order services are provided to ensure a free and appropriate public education. For more information visit

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_public_laws&docid=f:publ446.108

33. What is the difference between case management and service coordination?

While the research literature defines distinctions between case management and service coordination, for the purposes of our work in Vermont, the terms are used synonymously.

34. How do we get the high-level leaders to come to the (Local Interagency Team) table?

Under Act 264 certain local leaders are required to participate on Local Interagency Teams (Directors of children's mental health, child welfare and special education). Attendance by some local leaders has been a problem in the past. The DOE/AHS Interagency Agreement now stipulates that the Regional AHS Field Directors and an area Special Education Administrator will oversee the functioning of the Local Interagency Team, including encouraging participation by local leaders.

35. When someone signs their name to a coordinated services plan does this mean that they are in agreement with this plan or just that they attended the meeting?

In redesigning the forms to reflect the DOE/AHS Agreement, the Forms committee will specify the meaning of signatures to minimize the confusion

36. What does it mean to include the IEP and service plan in the Coordinated Services Plan?

While the CSP services as an addendum to the IEP or other agency services plan, the document remains an entitlement to coordination of services only. The CSP document does not ensure the delivery of services mandated or agreed to by another agency except as set forth in the DOE/AHS Interagency Agreement. Additionally, a coordinated services plan need not include all the members of the child's IEP team or of the mental health treatment team in order to be effective. The coordinated services planning team should include individuals that the family and key personnel agree are needed to develop an effective plan.

37. How does this system connect to overall school health services? (e.g., counselors, nurses, Student Assistance Programs, etc.)

Currently, there are meetings taking place between the Health department and education leaders to review the positions within schools such as school-based clinicians, school nurses and Student Assistance Programs. The plan is to determine where roles inter-connect and assure better alignment with the overall system of care.